



Declaration for Nomination and Oath of Candidacy

25

APR 27 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
 Document # _____
 Fee paid: ☐ cash ☒ check _____ ☐ credit
 By: h2
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of:BILLINGS CITY COUNCIL WARD 3

Full name of office including district and/or department numbers if applicable

☐ _____

Name of Political Party

OR ☒ Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot):

DENISE JOY

Mailing Address

P.O. BOX 31192

City and State

BILLINGS MT

Zip Code

59107

Residence Address

20 MARSHALL

City and State

BILLINGS MT

Zip Code

59101

County of Residence

YELLOWSTONE

Contact Phone

406.647.0337

Email Address

denise@denisejoyforbillings.com

Website Address

Denise Joy for Billings

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Residence Address:

Phone:

Email Address:

Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Denise Joy

Date

April 27, 2021

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of

Yellowstone

Signed and sworn to before me this

27th

day of

April

, 20

21

by

Denise Joy

Printed Name of Candidate

Where to file Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State
 P.O. Box 202801
 State Capitol Building, 1301 E. 6th Ave
 2nd Floor, Room 260
 Helena, MT 59620
 Online: sosmt.gov/elections/filing/
 Fax: 406-444-2023

Where to file County, City and most
Local District offices:

County Election Office
 A list of county election offices may be
 found at: sosmt.gov/elections



Signature of Notary or Public Official

Barbara Cor

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____